FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	natior	1															
1. Name and Mailing Address of Respondent Climax Telephone Company dba CTS Telecom 13800 E. Michigan Ave. Galesburg, MI 49053													Check here if this is a change of address.				
2. Year Report Filed			3. Reporting	Period (End	ing Date of Pa	3y		4. Number of	of Full-Time En	nplovees du	ing Selected						
2019			Period Covered by Report) March 20, 2019						4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)								
SECTION II - Full-Time Emp	loyee	s.								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
		Number of Employees (Report employees in only one category)															
Job Categories		Race/Ethnicity															
			anic or		Not-Hispanic or Latino												
			iurio			Ma	ile			Female					Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		А	В	С	D	E	F	G	Н	1	J	К	L	M	N	0	
Executive/Senior Level Officials and Managers	1.1			- 1						2						3	
First/Mid-Level Officials and Managers	1.2			5												5	
Professionals	2			5						2						7	
Technicians	3			10						1						11	
Sales Workers	4			5						4						9	
Administrative Support Workers	5									6						6	
Craft Workers	6															0	
Operatives	7															0	
aborers and Helpers	8			1000												0	
Service Workers	9					A		100			4 . 4				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	
TOTAL	10	0	0	26	0	0	0	0	0	15	0	0	0	0	0	41	
PREVIOUS YEAR TOTAL	4.1			27				1983									

SECTION III - Part-Time Em	ploye	15.														
Job Categories		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
	Hispanic or Latino		Not-Hispanic or Latino													
		Launo		Male									Female			
		Male	Female B	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
		Α														
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2												200			0
Technicians	3														y-	0
Sales Workers	4												100000		7	0
Administrative Support Workers	5						4:									0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11			36 17 39						- 0 (7)						0
SECTION IV - Report of Disci	rimina	tion Compl	aints Pursuar	nt to 47 CFF	R 22.321, 23.5	5, 90,168, 101	.4. and 101.	311.								
This is to set it to							21.		ral state term	itarial ar las	al statutos ba	un hann filad a	anings this			V
company before a	iny boo	ty having co	mpetent juriso	liction in suc	ch matters dur	ing the calenda	ar year cove	red by this rep	ort.							
This is to advise to (Attach a list indic	he Cor	nmission tha	at the following	complaints	alleging viola	tions of the pro	ovisions of a	ny equal empl	oyment oppor	tunity statute	have been fil	led against this	company.			
SECTION V - Certification		artics invest	es, sale ilica,	courts or ag	genicies before	windi trie ma	iter nas bee	n neard, me ni	imber or other	designation	, and current	status or dispo	isition.			
certify that to the best of my k	nowled	ige, informa	tion, and belie	f, all statem	ents in this rep	port are true ar	nd correct.									
		ed or Printed Name of Person Signing Signature - Telephone Mo														
	Hea	ther Ha	aydo		(269) 746-3244								4			
itle of Person Signing					OF ANY STA	FALSE STAT	EMENTS MA	ADE ON THIS	FORM ARE F	UNISHABL	E BY FINE AM (1) AND/OR	ND/OR IMPRIS	SONMENT (18 U.S.C. 100 503).	1) AND/OR R	EVOCATIO